

TRANSEXUALITY IN THE HEALTH CONTEXT: INFORMATION FOR CITIZENSHIP AND HUMAN RIGHTS

A TRANSEXUALIDADE NO CONTEXTO DA SAÚDE:
INFORMAÇÃO PARA A CIDADANIA E DIREITOS HUMANOS

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ABSTRACT

Access to fundamental rights, such as health and information, allows all individuals, without discrimination, the possibility of developing all their potential, including that of participating actively, organized and aware of the construction of collective life in the democratic state, especially from the perspective of citizenship. Following this scenario, this article aims to propose a reflection on transsexuality in the health context, establishing a dialogue with the communication that informs citizenship and human rights. The problem investigates the extent to which communication, especially the right to information, can provide transsexuals with equity in the health field, based on a process of social inclusion. A bibliographic study was carried out, following the hypothetical deductive method. It was verified as essential the (re) organization of a public

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health system that welcomes everyone without distinction, however, without forgetting the individualities - after all, in this process communication for information is fundamental, both from the point of view of citizenship and human rights.

KEYWORDS: Communication. Citizenship. Human rights. Cheers. Transsexuality.

RESUMO

O acesso a direitos fundamentais, como saúde e informação, permite a todos os indivíduos, sem discriminação, a possibilidade de desenvolverem todas as suas potencialidades, incluindo a de participar de forma ativa, organizada e consciente da construção da vida coletiva no Estado democrático, especialmente sob a perspectiva da cidadania. Seguindo este cenário, o presente artigo tem como objetivo propor uma reflexão sobre a transexualidade no contexto da saúde, estabelecendo uma interlocução com a comunicação que informa para a cidadania e os direitos humanos. O problema investiga em que medida a comunicação, especialmente o direito à informação, pode proporcionar aos transexuais a equidade no campo da saúde, a partir de um processo de inclusão social. Realizou-se um estudo bibliográfico, seguindo o método hipotético dedutivo. Verificou-se como essencial a (re) organização de um sistema de saúde pública que acolha a todos sem distinção, porém, sem esquecer das individualidades – afinal, neste processo é fundamental a comunicação para a informação, tanto do ponto de vista da cidadania quanto dos direitos humanos.

PALAVRAS-CHAVE: Comunicação. Cidadania. Direitos humanos. Saúde. Transexualidade.

1 INTRODUCTION

Inequality, discrimination, rejection, prejudice and violence are daily challenges for transsexuals, who seek to recognize their identity, given the imbalance between biological sex and their gender identity. Transsexuality is not a disease, but some of the problems faced by transsexuals are precisely gender prejudice, which in the face of a society that thinks in a binary way - either male or female according to sex of birth - they see their heightened vulnerability also in the area of health.

The transsexual's biological sexual identity is not the same as his gender identity, and for this reason, the performance of a sex change surgery may mean a step towards his recognition of his identity as a citizen. But this process is difficult, both for access to information about their right to health, as well as for bureaucratic, psychological and obstacle issues that often start in the family itself, in which the transsexual is not accepted, as well as in society more broadly.

Thus, the hypothetical-deductive method was used to carry out the present study, using the exploratory type of research as methodology, through a review bibliographic, in which, in its design, data collection was used in bibliographic sources available in physical media and on the computer network.

Following this idea, the first part of this text presents transsexuality in its relation to gender, gender identity and sexuality, based on a scenario of reflections that deals with the subject's reinterpretation in modern times. Posteriorly, demonstrates the need to analyze transsexuality from the perspective of realizing the right to health, especially the process of non-pathologization of transsexuality and its implications for the public health system.

Still in the context of debates on the theme of health, it follows, next, on the National Policy for Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, with the objective of to demonstrate and reaffirm the guarantee of health care for all human beings, without any distinction or discrimination. Finally, it analyzes the role that communication and the right to information play in contributing to greater equity in health, being an important element so that transsexuals can feel socially included, both from the point of view of citizenship and of citizens. human rights.

2 TRANSEXUALITY: THE REINTERPRETATION OF THE SUBJECT

Transsexuality is an identity experience that can be characterized by the construction of gender in contrast to the norms that establish intelligibility between body, identity and sexuality. It is, therefore, the possibility of reinterpreting the meanings of femininity and masculinity, contrary to the requirement that sex must be consistent with gender and, in this case, also surpass the idea that the biological female is the only one legitimated to carry the status of woman, while the male is the only one legitimated to carry the status of man, in a clear mention that biology does not it is destiny. "Transsexuality is an inevitable development of an order that establishes intelligibility in bodies" (Bento, 2006, p. 16). The puzzle solving ethnographic implies

[...] be present in interactions situated within a context and try to explain the unmanifest logic that supports these same interactions - logic that allows people to act in certain ways that are considered natural, and allows people to say things to other people, with the expectation of being understood (KULICK, 2008, p. 35).

Given this, societies, of the so-called late modernity, are characterized by the 'difference', with different positions of subject, that is, different identities for individuals. However, they do not disintegrate because the different elements and identities can be jointly articulated, however, only partially, because the "identity structure remains open" (HALL, 2006, p. 17). We must keep in mind that all this displacement is positive, because it dismantles identities, considered in the past to be stable and opens the possibility of creating new articulations.

It can be said that transsexuals are in a position of fragility and vulnerability, fitting perfectly with the term *homo sacer* coined by Giorgio Agamben. According to that author

[...] deprived of almost all the rights and expectations that we usually attribute to human existence, and yet, biologically still alive, they came to be situated in a limit zone between life and death, between the internal and the internal. external, in which they were nothing but naked life. Condemned to death and inhabitants of the countryside are, therefore, somehow unconsciously resembling sacri homines, a life who can be killed without committing murder. The interval between sentencing to death and execution, as well as the lager enclosure, delimits an extratemporal and extraterritorial threshold, in which the human body is disconnected from its normal political status and, in a state of exception, the most extreme adventures are abandoned. , where the experiment, like an atonement shot, can restore it to life (grace or pardon

of the penalty are manifestations of the sovereign power of life and death) or deliver it definitively to the death to which it already belongs. What interests us here, however, is that, in the biopolitical horizon that characterizes modernity, the doctor and the scientist move in that no-man's-land where, once, only the sovereign could penetrate (AGAMBEN, 2015, p. 155) .

According to Goellner (2008, p. 245-260), each mark that the body shows "is not something given a priori, nor is it universal: it is provisional, changeable and mutant, susceptible to innumerable interventions [...] seen that it is also built from what is said about it ". These transformations, together with modernity, freed individuals from the bonds of tradition and structures. In this trend "Liberating" new identity categories emerge, composed of subjects who no longer find acceptance in the traditional conceptions of gender: they are the transvestite and transsexual categories (OLIVEIRA; GROSSI, 2014).

As for a concept, the Inter-American Court of Human Rights, through *Opinión Consultiva OC-24/17* of November 24, 2017, requested by Costa Rica, ruled on it what it means to be transsexual. Thus, according to the Court, it is said to be transgender or trans person:

When a person's gender identity or expression is different from that typically associated with the sex assigned at birth. Trans people build their identity regardless of medical treatment or surgical interventions. The term trans is an umbrella term used to describe the different variants of gender identity, whose common denominator is the non-conformity between the sex assigned at birth of the person and the gender identity that has been traditionally assigned to it. A transgender or trans person can be identified with the concepts of man, woman, trans man, trans woman and non-binary person, or with other terms such as hijra, third gender, biespiritual, transvestite, fa'afafine, queer, transpinoy, muxé, waria and meti. Gender identity is a different concept from sexual orientation (IACHR, 2017, p. 17 and 18).

Still, according to the same Court (CoIDH, 2017, p. 18) it can be understood by a transsexual person:

Transsexual people feel and conceive of themselves as belonging to the opposite gender that is socially and culturally assigned to their biological sex and they opt for a medical intervention -hormonal, surgical or both- to adapt their physical-biological appearance to their psychic reality , spiritual and social.

As to the question of choosing a more appropriate gender, explains Butler (2009, p. 96) who,

[...] choice it can include one or more of the following aspects: the choice to live as another gender, undergo hormonal treatment, find and declare a new name, secure a new legal status for your gender and undergo surgery.

However, there is tension when people trying to obtain legal legitimacy and financial assistance and those who seek to base the practice of transsexuality on the notion of autonomy come into debate. Because, "in fact, we can argue that nobody achieves autonomy without the assistance and support of a community, especially when making a courageous and difficult choice as is the choice for the transition "(BUTLER, 2009, p. 97).

Although the issue of transsexuality has been present in society for many years, especially in the 60s and 70s - when theoretical discussions were articulated with demands in

search of changes in the practices that regulate the human body, this debate about transsexualism only received visibility from the

[...] the emergence of international associations, which organize themselves to produce knowledge aimed at transsexuality and to discuss the mechanisms for constructing the differentiated diagnosis of gays, lesbians and transvestites, [which at the same time] produces specific knowledge, appropriate models are proposed for the 'treatment' (Bento, 2006, p. 40).

Consequently, transgender people, or transgender people as some scientists prefer, according to Silva Junior (2011, p. 65): "[...] they are individuals who, in their particular way of being and / or acting, go beyond borders gender expectations expected / culturally constructed for both sexes". So, according to the same author, they are "men, women (and people who even prefer not to identify themselves, biologically, by no means) that blend, in their plural forms of femininity and masculinity, traits, feelings, behaviors and experiences that go beyond gender issues", as they are usually treated (SILVA JUNIOR, 2011, p. 65). Based on this concept, the expression "transgender" can include transvestites, transsexuals, drag queens, drag kings, crossdressers, transformers and others.

From these explanations, it is clear that in the subject's "interpretation" or "reinterpretation" - transsexuals, there is a recurring and controversial theme, which can (and should!) Also be approached from the perspective of the right to health.

3 RIGHT TO HEALTH AND TRANSEXUALITY: A NECESSARY DIALOGUE

Transsexuality today is a very recurrent subject, including occupying pages of magazines, television programs and even chapters of soap operas. Despite this, "for most, the transsexual is still a stranger to everything and everyone, almost as if he were not human, which implies countless discomforts, leading them, almost always, to the margins of society [...]" (SCHEIBE, 2008, p. 11). And more, "all and any topic that is linked to the sexuality issue is still surrounded by numerous myths and prejudices that end up preventing them from being discussed in the large group" (STURZA and SCHORR, 2015, p. 11). If just talking about the subject is taboo, with the integration of transsexuals in society the problem is greater, as it does not occur effectively. And that's where the problem is, when it occurs, it is marked by several traumatic processes for transsexuals and for those who try to perform it.

Transsexuality already existed in times prior to modern and contemporary, having appeared in several historical periods, including in some primitive cultures in which there were people who lived as members of the opposite sex to their biological sex, by their own desire, and were even valued (MARTINI; SCHUMANN, 2017). There were also many myths involving the change of sex, which was also considered as a punishment, which appeared frequently in mythology.

The first case of a person who went to a doctor to affirm his status as a transsexual occurred in 1952, in the case of Christine:

In 1952, an American soldier went to Denmark to seek medical help from the endocrinologist Christian Hamburger, who was doing hormone research. This is because, since 1935, Denmark had a law that allowed human castration when the patient's sexuality induced him to commit crimes or when it involved severe mental disorders. There, he told his story, completely invented, that it would be intersex, that is, hermaphrodite, and needed a surgical intervention to change her body, as she had always lived as a woman. As she had been taking hormones for years, she carried feminine characteristics in her body, while her masculine function was deficient. The lack of knowledge about transsexualism, coupled with its female silhouette, led the medical team to believe him. That's how he managed to root out his genitalia. However, there was still no thought of building a vagina. Returning to the United States, now as Christine, she sought out Dr. Harry Benjamin, to whom she related her story. Based on this experience, the doctor published an article, in 1953, talking about transsexualism. This is the turning point at which transsexuality enters the medical field (DIAS, 2014, p. 12).

From that case onwards, transsexuality was considered a disease and called "transsexualism". As with homo-affectation, the "pathologizing moment served to move transsexuality away from the moral field, from the concept of perversion, to enter the field of disease. The transsexual citizen is no longer a wanton, perverted, but a 'sick' "(DIAS, 2014, p. 14).

And after several surgeries and studies, in 1980, she entered the DSM disease catalog, and entered the CID-10 in 1992" (DIAS, 2014, p. 13). Thus, "transsexualism, as a medical category, is born as pathological and, mainly, linked to a medical diagnosis that breaks down the experience of sexuality in some key points" (DIAS, 2014, p. 15). Thus, "a totalizing experience of transsexuality is constructed. That is, there is only one way to be transsexual: only those who fit the diagnosis of transsexualism will be considered transsexual, while the diagnosis will only suit a portion of the transsexual population "(DIAS, 2014, p. 15).

So that "Transsexual medicine developed mainly in global metropolises, that is, in Western Europe and the United States, where debates were also centered feminists about transsexuality, while "on the global periphery, there are also groups that change gender under different names" (CONNELL, 2016, p. 224). Thus, according to the International Statistical Classification of Diseases and Health-Related Problems (CID-10), transsexualism can only be diagnosed "if the individual remains for the minimum period of two years behaving as this, in addition to the need for a special diagnosis of the appearance of this behavior in severe pathologies, such as schizophrenia "(STURZA; SCHÖRR, 2015, p. 269).

Whereas, "in 1994 the DSM-IV Committee replaced the diagnosis 'Transsexualism' with 'Gender Identity Disorder' [...] in Childhood (302.6), Adolescence and Adult (302.85)" (BENTO; PELÚCIO, 2012, p. 572). Thus, the World Health Organization started to include transsexualism in the list of Sexual Identity Disorders, identifying it through Code F64.0. However, as Sturza and Schörr (2015, p. 269) say,

[...] this classification as a sexual identity disorder, given by the WHO, is totally disapproved by transsexuals and by the doctrine scholars studying the subject, since it cannot be considered as a disease, but rather as a sexual identity different from that considered as normal, but unique".

According to Resolution No. 1955, edited in 2010 by the Federal Council of Medicine, the subject needs to go through a protocol that is found in it, which establishes in its Article 3 some criteria, which are

Art. 3 That the definition of transsexualism will obey, at least, the criteria listed below: 1) Discomfort with natural anatomical sex; 2) Express desire to eliminate the genitals, to lose the primary and secondary characteristics of the sex itself and to gain those of the opposite sex; 3) Permanence of these disorders continuously and consistently for at least two years; 4) Absence of other disorders mental disorders (BRASIL, 2010, s.p.).

This protocol was created with the aim of setting descriptions and prescriptions about the most appropriate way to live transsexuality, that is, restricting and establishing limits so that the practice of interventions is carried out safely, so as not to cause more suffering these subjects. This protocol is part of the transsexualizing process, which "starts when the individual seeks the Specialized Care Service in the Transsexualizing Process of the qualified hospital, where it will go through different professionals who will interview you and carry out a series of psychological and clinical examinations (MARTINI; SCHUMANN, 2017, p. 73) including "the real life test, in addition to go through consultations with the multidisciplinary team "(MARTINI; SCHUMANN, 2017, p. 73).

The transsexualizing process can be conceptualized as "a set of assistance strategies for transsexuals who intend to perform bodily modifications of sex, due to a feeling of disagreement between their biological sex and their gender" (PORTAL BRASIL, 2015, sp) as a way of "complying with laws and medical opinions "(PORTAL BRASIL, 2015, sp). Whereas sex reassignment surgery or transgenitalization surgery "is the surgical procedure by means of which the person's genital organ is altered to create a neovagina or neofalo. Preferable to the old-fashioned term 'sex change' "(JESUS, 2012, p. 30). It is important, for anyone who has relationships or treats with transsexual people, "not to overemphasize the role of this surgery in your life or in your transsexualizing process, of which it is only a step, which can not occur "(JESUS, 2012, p. 30).

In this perspective, "the spectra of discontinuity and incoherence that turn into a pathology are, therefore, only conceivable in function of this normative system" (ARAN, 2006, p. 50). As a result, "certain types of gender identity seem to be mere developmental flaws or logical impossibilities, precisely because they do not conform to the norms cultural intelligibility "(BUTLER, 2003, p. 39).

However, it is still necessary to understand that the simple fact that someone does not identify with their gender of origin has nothing to do with a disorder of any kind, as stated by "researchers with homophobic purposes" (BUTLER, 2009, p. 69) . In this sense, when the subject is the process of characterizing transsexuality, the Federal Council de Medicina asserts that this non-identification with psychological sex cannot be confused with an anomaly, as it presents specific traits, of a continuous and permanent character (BRASIL, 2010). In the words of Butler (2009, p. 70)

It is very important to state that this is not a disorder and that, in transgender life, there is a wide variety of complex relationships, such as: dressing according to the opposite gender, using homonyms and resorting to surgery, or even a combination of all these practices. All of this may or may not lead to a change in object choice

Following another line of thought, taking into account the various types of conflicts to which transsexuality can be an object, we must highlight the disorders linked to intra-individual tensions, that is, the individual with himself. Thus, they can be conceptualized as those that result from the crisis between gender identity and sexual identity, or better, between "body identity and identity of gender" (Bento, 2006).

However, the problem generated by the effects produced by the psychiatric diagnosis of this sexual condition (being transsexual) cannot be ignored, since, in most cases, the implications are stigmatizing and even discriminatory. Thus, it is necessary to go deeper into these psychic issues, considering that they are a prerequisite for individuals to be able to having access to available medical resources, in order to analyze whether this restriction on the autonomy of transsexual subjects is really necessary, whether it really protects them, and whether it is in fact effective and efficient.

As for the movement for the depathologization of transsexuality, aiming to remove it from medical disease manuals, CID-10 and DSM-IV,

[...] more than 100 organizations and four international networks in Africa, Asia, Europe and North and South America that are engaged in the campaign to remove transsexuality from DSM and CID. The mobilizations are organized around five points: 1) withdrawal of Gender Identity Disorder (TIG) from DSM-V and CID-11; 2) removal of the mention of sex from official documents; 3) abolition binary normalization treatments for intersex people; 4) free access to hormonal treatments and surgeries (without psychiatric supervision); and 5) fight against transphobia, providing education and the social and labor insertion of transsexual people (BENTO; PELÚCIO, 2012, p. 573).

In Brazil, adherence to such a campaign began to multiply as of 2010. According to Bento and Pelúcio (2012, p. 574),

Among manifestations, the publication of a manifesto and the production of promotional material for the Campaign by the São Paulo Regional Council of Psychology, 12 film shows, debates and seminars at universities, as well as the writing and publication of a manifesto¹³ signed by activists stand out, teachers / scientists and scientists from different countries that joined the Stop Trans Pathologization 2012 campaign.

Still, on the issue of depathologizing transsexuality, some / some activists feared for the loss of conquered rights, as, for example, in Brazil, the guarantee of free access to the transsexualizing process by the Unified Health System (SUS). It is believed that pathologization did not guarantee rights in fact, but imposed a model to think of transsexuality as a catalogable, curable experience. and subject to normalization, and only scientific knowledge is the only one capable of giving correct answers to experiences that challenge gender norms, which, on the other hand, authorizes the protection of the bodies and subjectivities of people who recognize themselves as transsexuals.

In these terms, when we are concerned with ensuring the recognition of the gender identity of subjects who do not fit the sexual normativity and their autonomy, we are defending the right to self-determination and to oppose any form of body regulation or the psychologization of the subjects who identify with their anatomical sex opposite to their anatomical sex. In the words of Amaral (2011, p. 88), the pathologization of transsexuality and the setting of medical protocols mean an imposition violence over trans bodies and subjec-

tivities. Thus, treatment must be available, but psychiatric diagnoses cannot be seen as a condition of access to health or any other right, as all of this represents true authoritarianism and creates a condition of total vulnerability and exclusion for transsexuals.

However, “depathologizing transsexuality does not mean demedicalizing it, but to assist the subject in a regime of informed autonomy in which the main focus is his well-being” (AMARAL, 2011, p. 93-94). Whereas, according to the Spanish sociologist and trans activist Miguel Missé (apud BENTO; PELÚCIO, 2012, translated by the authors, s.p.)

[...] fighting for depathologization is to defend that our identities are part of diversity and that we have the right to modify our bodies when we decide to do so. Claiming free access to hormones or surgery is the central part of the struggle, not a detail, it is not a second stage of the struggle: it is a struggle in itself.

While some advances and achievements can be glimpsed from the demands of these movements, albeit slow and always provisional. In the most recent of them, it is worth mentioning the positions of the Supreme Federal Court (STF) and the Superior Electoral Court (TSE). The Brazilian Supreme Court has unanimously decided to authorize transsexuals and transgender people to change their name and gender constant in the civil registry without the need to perform sex reassignment surgery (BRASIL, 2018a). The decision was rendered in the judgment of the Direct Action of Unconstitutionality (ADI) 4275 that occurred on March 1, 2018 (BRASIL, 2018a). The lawsuit was filed by the Attorney General's Office (PGR) “so that Article 58 of the Federal Constitution could be interpreted Law 6.015 / 1973, which provides for public records” (BRASIL, 2018a, sp), in the sense that “it is possible to change the first name and gender in the civil registry through annotation in the original registry, regardless of transgenitalization surgery” (BRASIL, 2018a, sp).

Based on this decision, the National Council of Justice (CNJ) issued on June 23, 2018, Provision No. 73 which “Provides for the registration of the alteration of the first name and the gender in the birth and marriage seats of a transgender person in the Civil Registry of Natural People (RCPN)” (BRASIL, 2018b, s.p.). On August 15, 2018, the STF Plenary also granted Extraordinary Appeal (RE) 670422, applying the understanding already established in the judgment of ADI 4275, in order to “authorize the alteration of the registry civil service of a transgender person, directly through the administrative route, regardless of the performance of a sex reassignment surgical procedure” (BRASIL, 2018b, s.p.).

As for the TSE, this, in a decision made during the plenary session, also on March 1, 2018, guaranteed that transsexual candidates can use the social name in the electronic ballot boxes in the 2018 elections. The decision was made in response to a consultation with Senator Fátima Bezerra, who questioned the participation of male transgenders in the mandatory female quotas for the parties. The elections that took place in October 2018 had “53 candidates from trans people, ten times higher than in the 2014 election when the National Association of Transvestites and Transsexuals (Antra) registered five candidates for positions elective” (CAMPOS, 2018, s.p.). The “Antra survey includes both the applications of trans people who have already rectified their name in a notary's office, as well as those who registered their social name - how transsexuals and transvestites want to be socially recognized” (CAMPOS, 2018, s.p.).

For Maria Berenice Dias (2018, s.p.), analyzing the decisions “There is no other name to define the transformation that the STF has just provoked a significant number of people who just want to have the right to be.” She goes on to say that: “When the mirror does not reflect your self, there is no need to change to live. No one else needs to certify changes to live in daylight, to be called the way they identify themselves.” (DIAS, 2018, s.p.) For Dias (2018, s.p.) the trials ended up “removing from the segment the most vulnerable of the LGBTI population the stigma of fear, giving them the right to dignity, respecting their differences.” Because as Carmem Lúcia said in her vote “the difference in appearance cannot serve as a reason to prevent equalization of all rights, especially the fundamental right to happiness” (DIAS, 2018, s.p.).

However, it was in June 2018 that one of the greatest achievements emerged worldwide related to transsexuals: the depathologization of transsexuality. (WHO, 2018 apud ANTUNES, 2018) When editing the CID-11, the World Health Organization removed transsexuality from the list of mental health problems and reallocated it as a gender incongruity in the category of conditions relating to sexual health (WHO, 2018 apud ANTUNES, 2018), in order to update and standardize the identity of gender. Gender incongruence is defined by the WHO as “marked and persistent incongruence between the gender experienced by the individual and that attributed at birth”. (WHO, 2018 apud ANTUNES, 2018, s.p.) In an official note published on its website, WHO justifies that

The logic is that, while the evidence is clear that [transsexuality] is not a mental disorder, it can in fact cause enormous stigma for people who are transsexual, and therefore there are still significant health care needs that can be met. better if the condition is coded under the CID (apud ANTUNES, 2018, author's translation, sp).

In the same sense, the understanding of the Federal Council of Psychology in Brazil was already presented, according to Resolution No. 1 of 2018, which deals with the performance of psychologists in relation to transsexuals and transvestites (BRASIL, 2018c). According to the resolution, professionals are prohibited from exercising “any action that favors the pathologization of transsexual and transvestite people” (BRASIL, 2018c, s.p.). Still are prevented from taking any action that favors prejudice, including “conversion, reversal, readjustment or reorientation of the gender identity of transsexuals and transvestites” (BRASIL, 2018c, s.p.).

Now what is expected is that the Brazilian Federal Council of Medicine will change its resolution on transsexuality, according to the understanding of the WHO, because at the moment the resolution of 2010 is in force with a still pathologizing position on transsexuality. Recalling that WHO established a deadline, January 1, 2022, for countries to adapt to the new CID-11 determinations. (WHO, 2018 apud ANTUNES, 2018, translation by the author, s.p.).

Finally, to raise the debate on the theme proposed in this article, to understand and seek effective mechanisms to end the pathologization of transsexuality, it is the duty of the State and of post-modern, multifaceted society, which, when reinventing itself daily, needs to look at the pain of the other and thus “raise the flag” of yet another cause, so dear to so many transsexuals who live in the skin. prejudice and social segregation at the moment when they choose to courageously face the transsexualizing process in Brazil.

4 THE NATIONAL INTEGRAL HEALTH POLICY OF LESBIANS, GAYS, BISEXUALS, SHEMALE AND TRANSEXUALS (LGBT)

The 1948 Universal Declaration of Human Rights represents a milestone in the recognition and affirmation of Human Rights, revealing the universal character of the rights to equality, freedom and dignity, highlighting that there is no “distinction of any kind”, arguing that the reputation, honor and privacy are fundamental to the development of the subjects' individuality and that, therefore, all human beings have this right. The rights listed in the Universal Declaration of Human Rights refer to the image of a generic, universal being, including, without a doubt, the LGBT population. In this sense, the free exercise of sexuality and the various forms of gender expression are fundamental requirements of “individual freedoms”, ensured in the Declaration highlighted here.

U.S The 1960s and 1970s saw the so-called Sexual Revolution, as well as the advances of the feminist movement and the black movement, which contributed to the fact that many people and socially segregated and stigmatized groups became subjects of policies, as well as health actions. which gained a more inclusive character, that is, according to the promotion and guarantee of human rights.

SUS, which was also created by the Constitution, is based on a set of principles and the first one is universality. This means that everyone is entitled to free access to their health services. It must be comprehensive, that is, it must offer all types of care that people and communities need: from promotion and prevention initiatives and actions to the most specialized. SUS must have the participation of the community, understanding that this is the way in which users express their needs and demands. In order to give concreteness to popular participation, health councils and conferences were created for the exercise of social control, aimed at analyzing and approving health and monitoring guidelines, plans and programs, evaluation and inspection of the management and execution of plans and programs (BRASIL, 2008).

The recognition of homosexuality as a sexual orientation only occurred in the 1970s. The studies of the philosopher Michel Foucault (1926-1984), among others, helped to change the concept of homosexuality, which began to be considered no longer a deviation or disease, but as an element of human sexuality (HEUSELER; LEITE, 2015).

The National Policy for Integral Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals, approved by the National Health Council in 2008 and published by Ordinance N°. 2,836, of December 1, 2011, reaffirms that guaranteeing health care is a prerogative of all Brazilian citizens, respecting their specificities of gender, race / ethnicity, generation, affective and sexual orientation and practices, indicating the founding principles of the Unified Health System (SUS): integrality, universality and equity (BRASIL, 2013).

The LGBT Health Policy, through its nine articles, indicates the responsibilities of each sphere of management (federal, state and municipal) for carrying out actions aimed at guaranteeing the constitutional right to health by the LGBT population with quality, care and humanization (BRASIL, 2013).

According to Lionço (2009), the ideal would be cross-cutting initiatives between different health policies, in order to optimize the implementation of health actions already stimulated in SUS according to the specifics of transsexuals, not only between the gender cuts, but also including the issue of health in the prison system, the elderly, adolescents and young people, among others. The identity demand responds to a yearning for recognition, to the detriment of the complexification and qualification of health strategies and actions.

During the presentation of the National Men's Health Policy at the National Health Council, at the end of 2008, the transvestite segment also manifested itself contrary to the insertion of its specificities in this document, revealing that the demand for identity can compromise inclusive initiatives in progress (LIONÇO, 2009).

The challenge of promoting equity for the LGBT population must be understood from the perspective of their specific vulnerabilities, with political and operational initiatives aimed at protecting the human and social rights of these populations. There is a need to combat homophobia in SUS, based on the concept of health by the World Health Organization (WHO), for which the protection of the right to free sexual orientation and gender identity is not only a matter of public security, but also involves, in a significant way issues related to mental health and attention to other vulnerabilities regarding these segments (BRASIL, 2008). In addition, combat homophobia is a fundamental and structuring strategy for guaranteeing access to services and quality of care (BRASIL, 2008).

Facing the complexity of the social determinants of life and health of people and communities requires intervention on social exclusion, unemployment, as well as decent access to housing and food, including the recognition of factors that intertwine, maximizing the vulnerability and suffering of specific groups. In this context, all forms of discrimination, as in the case of homophobia, must be considered as situations that produce disease and suffering. On the other hand, it is important to understand that homophobia does not occur in isolation from other forms of social discrimination: it goes hand in hand and is reinforced by machismo, racism, misogyny and other related forms of discrimination (BRASIL, 2008).

The National LGBT Comprehensive Health Policy is an instrument for the Control SUS, and for this purpose, Law 8,142, of December 28, 1990, provides for the formation of Health Councils and Health Conferences, as well as defining that Health Councils are legitimate instruments for the inspection of health policies and have deliberative role, besides representing SUS managers, workers and users. Still according to this law, the three SUS management spheres must prepare health plans and present them to health councils, with the objectives, goals and health actions to be carried out. The Councils can also set up Technical Chambers, Working Groups or LGBT Commissions to monitor, monitor and inspect the execution of the LGBT Health Policy in the three spheres of government. Another important space for social participation and management dialogue with social movements are the LGBT Integral Health Committees (BRASIL, 2013).

With the expansion of the current perspective of comprehensive health care in these Brazilian population segments, it is recognized that sexual orientation and gender identity are much more complex situations and are factors of vulnerability to health. Such recognition is due not only to implying practices specific sexual and social issues, but also because they expose the LGBT population to problems arising from stigma, discriminatory processes and

social exclusion, which violate their human rights, including the right to health, dignity, non-discrimination, autonomy and free development (BRASIL, 2008).

Likewise, the transsexual phenomenon, in the words of Castel (2011), in its version contemporary, reveals a dialectic that after being developed resulted in the creation of a disease, involving disputes and consensus between the various medical specialties - between medicine, social sciences, law and other knowledge, and organized movements. Therefore, it is necessary and urgent to open up possibilities to communicate, debate and dialogue to openly inform about these issues. that directly affect the human rights and citizenship of these subjects.

5 TRANSEXUAL AND HEALTH: COMMUNICATION IN THE INFORMATION PROCESS FOR CITIZENSHIP AND HUMAN RIGHTS

The subjects' communication with society and the State, within a relationship of rights, obligations and active performance are part of the information process, constituting itself as fundamental for the consolidation of citizenship. Therefore, communication is a process that involves the exchange of information. For Bonavides (2009, p. 7)

citizenship is the condition of access to social (education, health, security, social security) and economic (fair wages, employment) rights that allows citizens to develop all their potential, including that of participating actively, organized and consciously, the construction of collective life in the democratic state.

To communicate is to inform, from the perspective of citizenship and human rights, as it means first opening gaps and establishing the bridge to be able to then deconstruct, intervene and dialogue about aspects that are obscure and excluding regarding the LGBT population, especially with regard to health. There is a binary gender concept in place that needs to be deconstructed in order to be accepted and understood the various forms of masculinity and femininity that have been constituted socially and culturally. The first positive impact would be the non-direct association of the male and female gender with femininity and masculinity, as femininity is not only used by women or masculinity by men.

Thinking of a communication, which in fact reports to health in this dimension, includes breaks. Today is done communication is needed to break the bonds of old ways of thinking about how human beings can actually exercise their freedom to be what they actually know they are: bodies in which men and women live with their masculinity and femininity and their life stories. However, the world is experiencing a deep crisis of identity, references and representation, in which they gain a voice conservative values that combine with patterns of a binary gender conception spread mechanically by media institutions. These also operate at the level of an internal contradiction of representation of the social fabric, because at the same time that they reproduce conservative values, they open doors to parade, usually in fiction, examples of rupture of these patterns.

What's missing from this communication media is the exercise of its intervention for citizenship, so that the social role of the media is fulfilled, mainly those that are public concession and that must attend the interests of the citizens, in order to provide information that can really contribute to the process consolidation of rights. We still need to intervene to discuss the problems in a more profound way, looking for its root, debating the causes and consequences, listening to the affected citizen, letting him speak with the reason and emotions arising from the issue and not just conveying the point of view of the institution or authority. Communication must be of all to all, distributed, rhizotomic, that is, information that covers everyone. It is not enough, but it is also necessary to do this on the social network over the internet, potentially a more democratic territory, but also controlled and managed by economic groups that are at the tip of the iceberg articulating their interests while coexisting with what Castells understands as mass self-communication that is also a form of power talk about citizens

the emergence of mass self-communication, as I call the new forms of network communication, increases opportunities for social change, without however defining the content and purpose of this transformation. People, that is, ourselves, are at the same time angels and demons and, therefore, our greatest capacity to act in society will simply openly project who we really are in each context temporal / spatial (CASTELLS, 2015, p. 26).

If communication informs and is an instrument of power, health must also be used to listen and speak. Paulo Freire (1978) speaks of a dialogical communication, Soares (2013) of educommunication and both of a vision of communication related to education. It is not a question of educating for health, but of placing health on the agenda. And when it comes to the health of a vulnerable population such as the transsexuals, this needs to be an issue in the media and an issue at school. But how can this be done, if the school is an institution controlled by a heterosexual majority, which biases the discussion of topics such as sexuality with prejudice? Perhaps it is not yet known how, but it is believed that at this point, the rupture and intervention by communication is a path - the path to and from information. Even with shyness, articulated social movements, journalists, teachers and citizens need to believe in the purpose of building bridges through dialogue or any forms of expression that are inclusive. Through interdisciplinarity between areas, educommunication since the early years of the 21st century is being understood as "a space for collective action, essentially focused on citizenship and beyond logic of the market" (SOARES, 2013, p. 185). It is a communicative ecosystem that results in the production of knowledge based on the understanding of the process and not the result and is potentially able to address the right to information and communication for health.

The right to information applies to health and is a requirement for citizenship and human rights. Access to health information for transsexuals it is as important as seeking equity in the field of health for all citizens. Equity is the right balance between all parties, without distinctions or prejudices, even if an agenda of priorities in the area of health is followed, regarding the type of coverage, breadth and assistance. The debate on these aspects is still superficial, but citizenship will hardly be exercised without the right to information, which must now be guaranteed by the State, now supplied by the mechanisms of information production. The right to health or health information is also a social construction, which takes shape in the set of relations between citizens and their needs, society and the State.

Information is present in communication and refers to a set of data or content that contribute to the subject's understanding, apprehension and questioning their reality. Communication is a broad system or code that allows the understanding of a set of information and also the way in which the information is conveyed. Communication is of the order of human and humanity. It's not the technological medium that produces communication and information. He's just the support. The form is the least important, because what can dominate or promote communication for health is the communication of the citizen to the citizen, the way in which he communicates and if there is space for everyone involved to speak. Authoritarian forms of communication produce incommunication (Wolton, 2010), that is, the absence of communication and popular sovereignty. The process needs to be two-way, sensitive reasoning, empathy, freedom of expression and even counterpower.

A communication that informs, in the paradigm of respect for citizenship and human rights, can begin, for example, with the way in which the doctor deals with transsexual patients in the office: listening to what they have to say, that vocabulary uses, what level of attention is given, how it manifests its non-verbal language (the look, the gestures) and how it conducts and monitors a procedure. Also, the journalist's communication, when dealing with the topic of transsexuality, requires care not only in relation to what he says, but in the forms of treatment and the choice of vocabulary, angle or details of the image, as this professional is reinterpreting a reality and fostering opinion on the topic. Therefore, they are choices that are not merely technical and objective, but of perspectives and paradigms not dissociated from a historical and social context, so they are choices that involve subjectivities (MORAES, 2015). Likewise, the school when it comes to the subject, scientific publications, documentaries, cinema and television promote discourses and arguments about transsexuality and health that can be the hallmarks of an authorized, authoritarian and conservative discourse, failing to contribute to an enlightened public opinion on the topic and to the very integration and inclusion of transsexuals, stimulating their citizenship.

Therefore, opinion-forming bodies, such as the media, the school and, today, content producers and mass self-communication managers have much more than the responsibility to inform, the duty to promote debate, to inquire, question, investigate and intervene through discourse. No speech is naive or disinterested, however, when there is plurality and diversity of discourses, citizenship is more likely to evolve, as something that is always on the move and never runs out. As beings, individuals are constituted by language and, thus, through it they can exercise their citizenship, identities and freedom.

6 FINAL CONSIDERATIONS

The theme of transsexuality is complex and in its relation to health, it is broadened, therefore, the discussions presented in this text integrate part of the concerns of the researchers of the theme and highlight the need for intensifying the debates around the issue, considering not only the inclusion of the transsexual in society, but in access to health and consequently to citizenship.

Thus, the main issues the right to health that significantly affect the lives of transsexuals are related to the process of non-pathologization of transsexuality and the entry of transsexuals in the transsexualizing process of the Unified Health System. Gays, Bisexuals, Transvestites and Transsexuals represents a major milestone in terms of guaranteeing care to health, highlighting health as a fundamental citizen's right. The LGBT Health Policy, through its provisions, indicates the responsibilities of each management sphere, highlighting, essentially, the need to welcome and respect all specificities of gender, race / ethnicity, generation, orientation and affective and sexual practices.

In this scenario, public policies are needed more efficient and informative communication for health and life, which works as a break with what is set in terms of prejudice, providing bridges of information and dialogue in society. The formation of public opinion today is not the responsibility of the media alone, but of a set of forces and powers resulting from tensions and demands between civil society, the State and citizens, whether they are transsexuals or not.

Communication and information for health, not only correspond to the education of society to understand health and its equity regarding the access of different genders, but also to establish criticism, oppose, investigate and make proposals that are in accordance with real problems and society's needs in this area. Promote the progress of this process would be to encourage citizenship and human rights, public participation in health policies for all, providing transsexuals with a sense of belonging and social inclusion. It is considered essential that the theme of transsexuality in its relation to health is present in the media, social networks, school, family and work, so that it is open dialogue, reducing prejudice against gender identities and enabling citizenship for all.

REFERENCES

- AGAMBEN, Giorgio. *Endless means: notes on politics. "Beyond human rights"*. Belo Horizonte: Authentic, 2015.
- ANTUNES, Leda. *What does the WHO decision on transsexuality mean for the trans population?* HUFFPOST, 2018. Available at: https://www.huffpostbrasil.com/2018/06/22/o-que-a-decisao-da-oms-sobre-transsexualidade-significa-para-pessoas-trans_a_23466040/. Accessed on: 03 jul. 2020
- AMARAL, Daniela Murta. *The challenges of depathologizing transsexuality: reflections on assistance to transsexuals in Brazil*. 2011. 107 f. Thesis (Doctorate in Social Medicine) - State University of Rio de Janeiro. Institute of Social Medicine, Rio de Janeiro, 2011. Available at: <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IscScript=iah/iah.xis> Accessed on: 03 jul. 2020.
- ARAN, Márcia. *Transsexuality and normative grammar of the sex-gender system*. Now, Rio de Janeiro, vol. 9, n. 1, 2006, p. 49-63. DOI: <http://dx.doi.org/10.1590/S1516-14982006000100004>. Available at: <http://www.scielo.br/pdf/agora/v9n1/a04v9n1.pdf>. Accessed on: 03 mar. 2018.
- BENTO, Berenice. *The reinvention of the body: sexuality and gender in the transsexual experience*. River January: Garamond, 2006.
- BENTO, Berenice; PELÚCIO, Larissa. non-pathologization of gender: *The politicization of abject identities*. Feminist Studies, v. 20, n. 2, May / Aug 2012, p. 569-381. . DOI: <http://dx.doi.org/10.1590/S0104-026X2012000200017>. Available at: <https://periodicos.ufsc.br/index.php/ref/article/view/S0104-026X2012000200017/22863>. Accessed on: 01 mar. 2018.

BONAVIDES, Paulo; MIRANDA, Jorge; AGRA, Walber de Moura. *Comments on the Federal Constitution of 1988*. Rio de Janeiro: Forensic, 2009.

BRAZIL. *Brazil without homophobia*: Program to combat violence and discrimination against LGTB and promote homosexual citizenship. National Council to Combat Discrimination. Brasília: Ministério da Saúde, 2004. Available at: http://pfdc.pgr.mpf.br/atuacao-e-conteudos-de-apoio/publicacoes/direitos-sexuais-e-reprodutivos/combate-a-homofobia-discriminacao-by-sexual-orientation/004_1_3.pdf. Accessed on: 16 jul. 2020.

BRAZIL. Department of Support to Participative Management, Secretariat of Strategic and Participative Management, Ministry of Health, Health of the population of gays, lesbians, bisexuals, transvestites and transsexuals. *Rev Saúde Pública*, n. 42, v. 3, 2008, p. 570-573. Available at: <https://www.scielo.br/pdf/rsp/v42n3/itms.pdf>. Accessed on: 16 jul. 2020.

BRAZIL. *Federal Council Resolution of Medicine No. 1955/10*. Brasília: Diário Oficial da União, 2010. Available at: http://www.portalmedico.org.br/resolucoes/CFM/2010/1955_2010.htm. Accessed on: 16 jul. 2020.

BRAZIL. *National Policy for Integral Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals*. Brasília, 2013. Available at: http://bvsmis.saude.gov.br/bvs/folder/pnsi_lesbica_gays_bissexuais_travestis.pdf. Accessed on: 05 sea. 2018.

BRAZIL. *Direct Action of Unconstitutionality (ADIN) 4275*. Brasília: Proceedings STF, 2018a. Available at: <http://portal.stf.jus.br/processos/detalhe.asp?incidente=2691371>. Accessed on: 17 jan. 2019.

BRAZIL. *STF recognizes that transgender people can change their civil registry without changing their sex*. Brasília: STF News, 2018b. Available at: <http://www.stf.jus.br/portal/cms/verNoticiaDetalhe.asp?idConteudo=371085>. Accessed on: 03 jan. 2019.

BRAZIL. *Resolution Federal Council of Psychology nº 1*. Brasília: Diário Oficial da União, 2018c. Available at: <https://site.cfp.org.br/wp-content/uploads/2018/01/Resolu%C3%A7%C3%A3o-CFP-01-2018.pdf>. Accessed on: 03 jul. 2020.

BUTLER, Judith. *Misdiagnosing the gender*. Translation: André Rios. *Physis*, v. 19, n. 1, abr. 2009, p. 95-126. DOI: <http://dx.doi.org/10.1590/S0103-73312009000100006>. Available at: <http://www.scielo.br/pdf/physis/v19n1/v19n1a06.pdf>. Accessed on: 08 mar. 2018.

BUTLER, Judith. *Michel Foucault and the politics of sexual discontinuity*. *Brazilian Civilization*, Rio de Janeiro, 2003, ps. 140-155. Available at: <http://michel-foucault.weebly.com/uploads/1/3/2/1/13213792/art08.pdf>. Accessed on: 03 mar. 2018.

BUTLER, Judith. *Foucault, Herculine and the politics of discontinuity sexual*. *Brazilian Civilization*, Rio de Janeiro, 2003, p. 140-155. Available at: <http://michel-foucault.weebly.com/uploads/1/3/2/1/13213792/art08.pdf>. Accessed on: 03 mar. 2018.

CAMPOS, Cristina. *This year's elections have more than 50 trans candidates, says the association*. Brasília: Agência Brasil, 2018. Available at: <http://agenciabrasil.ebc.com.br/geral/noticia/2018-09/eleicoes-deste-ano-tem-mais-de-50-candidaturas-trans-diz-Association>. Accessed on: 29 jul. 2020.

CASTEL, Pierre Henri. *Some reflections to establish the chronology of the 'transsexual phenomenon' (1910-1995)*. *Revista Brasileira de História*, São Paulo, Vol. 21, n. 41, 2001, p. 77-111. DOI: <http://dx.doi.org/10.1590/S0102-01882001000200005>. Available at: http://www.scielo.br/scielo.php?Script=sci_arttext

CASTEL, Pierre Henri. *Some reflections to establish the chronology of the 'transsexual phenomenon' (1910-1995)*. *Brazilian Journal of History*, São Paulo, Vol. 21, n. 41, 2001, p. 77-111. DOI: <http://dx.doi.org/10.1590/S0102-01882001000200005>. Available at: http://www.scielo.br/scielo.php?Script=sci_arttext

CASTEL, Pierre Henri. *Some reflections to establish the chronology of the 'transsexual phenomenon' (1910-1995)*. *Revista Brasileira de História*, São Paulo, Vol. 21, n. 41, 2001, p. 77-111. DOI: <http://dx.doi.org/10.1590/S0102-01882001000200005>. Available at: http://www.scielo.br/scielo.php?Script=sci_arttext LGBTI in the Americas. OAS, series L, V, II, doc. 36, 15 rev. 1, Nov 2015. Original: English. Available at: www.cidh.org. Accessed on: 10 nov. 2017.

CoIDH. *Consultative Opinion OC-24/17 of November 24, 2017 requested by the Republic of Costa Rica*. San José, 2017. Available at: http://www.corteidh.or.cr/docs/opiniones/seriea_24_esp.pdf. Accessed on: 29 May 2018.

- CASTELLS, Manuel. *The power of communication*. Rio de Janeiro: Peace and Earth, 2015.
- CIDH. *Violence against LGBTI people in the Americas*. OAS, series L, V, II, doc. 36, 15 rev. 1, Nov 2015. Original: English. Available at: www.cidh.org. Accessed on: 10 nov. 2017.
- CoIDH. *Consultative Opinion OC-24/17 of November 24, 2017 requested by the Republic of Costa Rica*. San José, 2017. Available at: http://www.corteidh.or.cr/docs/opiniones/seriea_24_esp.pdf. Accessed on: 29 May 2018.
- CONNELL, Raewyn. *Gender in terms real*. Translation by Mariía Moschkovich. São Paulo: nVersos, 2016.
- DIAS, Diego Madi. *Gender play, a conversation with Berenice Bento*. Cadernos Pagu, n. 43, Jul./Dec. 2014, p. 475–497. DOI: <http://dx.doi.org/10.1590/0104-8333201400430475>. Available at: http://www.scielo.br/scielo.php?script=sci_arttext A history of the pathologization of transsexuality and an evident conclusion: diversity is healthy. *Gender and Law: UFPB*, v. 3, n. 2, 2 ° sem. 2014. p. 11-23. Available at: <http://periodicos.ufpb.br/ojs2/index.php/ged/article/view/20049>. Accessed on: 01 mar. 2018.
- DIAS, Maria Berenice; ZENEVICH, Leticia. *A history of the pathologization of transsexuality and an evident conclusion: diversity is healthy*. *Gender and Law: UFPB*, v. 3, n. 2, 2 ° sem. 2014. p. 11-23. Available at: <http://periodicos.ufpb.br/ojs2/index.php/ged/article/view/20049>. Accessed on: 01 mar. 2018.
- FREIRE, Paulo. *Pedagogy of the oppressed*. Rio de Janeiro: Peace and Earth, 1978.
- GOELLNER, Silvana Vilodre. *Fitness culture and aesthetics of restraint: women, their bodies and appearances*. In: STEVENS, Cristina Maria Teixeira (Org.). *The construction of bodies: feminist perspectives*. Florianópolis: Ed. Mulheres, 2008. P. 245-260.
- HALL, Stuart. *Cultural identity in postmodernity*. 11. ed. Sao Paulo: DP XVIII, n. 136, May 2015. Available at: http://www.ambito-juridico.com.br/site/index.php?n_link=revista_artigos_Leitura Don. *Transvestite: prostitution, sex, gender and culture in Brazil*. Rio de Janeiro: Fiocruz, 2008.
- HEUSELER, Denise; MILK, Gisele. *Homosexuality according to Foucault's point of view*. In: *Legal Scope*, Rio Grande, XVIII, n. 136, May 2015. Available at: http://www.ambito-juridico.com.br/site/index.php?n_link=revista_artigos_Leitura transsexuals, transvestites and other transgender people, for opinion makers. 2. Ed. Brasília, 2012.
- JESUS, Jaqueline Gomes de. *Orientations on gender identity: concepts and terms*. Technical guide on transsexuals, transvestites and other transgender people, for opinion makers. 2. Ed. Brasília, 2012.
- KULICK, Don. *Transvestite: prostitution, sex, gender and culture in Brazil*. Rio de Janeiro: Fiocruz, 2008.
- LIONÇO, Tatiana. *Comprehensive health care and sexual diversity in the SUS Transsexualizing Process: advances, impasses, challenges*. *Physis*, Rio de Janeiro, Vol. 19, n.1, 2009, p. 43-63. DOI: <https://doi.org/10.1590/S0103-73312009000100004>. Available at: <https://www.scielo.br/scielo.php?pid=S0103-73312009000100004> Accessed on: 06 mar. 2018.
- MARTINI, Sandra Regina; SCHUMANN, Berta. *Law and transsexuality: social and legal implications*. Vol. III. Porto Alegre: Evangraf, 2017.
- MORAES, Fabiana. *Joicy's birth: transsexuality, journalism and the limits between reporter and character*. Porto Alegre: Editorial Archipelago, 2015.
- OLIVEIRA, Melissa Barbieri de; GROSSI, Miriam Pillar. *The invention of the transvestite and transsexual categories in scientific discourse*. *Rev. Feminist Studies*, v. 22, n. 2, Florianópolis, may / aug. 2014, p. 699-701. DOI: <http://dx.doi.org/10.1590/S0104-026X2014000200025>. Available at: <https://periodicos.ufsc.br/index.php/ref/article/view/36563>. Accessed on: 10 mar. 2018.
- PORTAL BRASIL. *Sex change surgeries have been performed by SUS since 2008*. Brasília: Portal Brasil, 2015. Available at: <http://www.brasil.gov.br/cidadania-e-justica/2015/03/cirurgias-de-mudanca-of-sex-are-accomplished-by-sus-since-2008>. Accessed on: 07 mar. 2018.
- SCHEIBE, Elisa. *Personality rights and transsexuality: promoting the dignity of the human person in a plural perspective*. 2008. 195 f. Dissertation (Master in Legal Sciences) - University of Vale do Rio Dos Sinos, São Leopoldo, 2008. Available at: <http://www.repositorio.jesuita.org.br/handle/UNISINOS/2430>. Accessed on: 30 jun. 2018.

SILVA JUNIOR, Enézio de Deus. *Sexual Diversity and their nomenclatures*. In: Sexual Diversity and Homoaffective Law. Org. Maria Berenice Dias. São Paulo: Editora Revista dos Tribunais, 2011.

SOARES, Ismar de Oliveira. *Educommunication: the multiple traditions of an emerging field of social intervention in Europe, the United States and Latin America*. In: LIMA, J. C.; MELLO, J. M. (Orgs.). *Panorama of Communication and Telecommunications in Brazil (2012/2013)*. Brasília: Ipea, 2013.

STURZA, Janaína Machado; SCHORR, Janaína. *Transsexuality and human rights: legal protection of the right to identity*. Cesumar, Paraná, vol. 15, n. 1, Jan./Jun. 2015, p. 265-283. Available at: <http://periodicos.unicesumar.edu.br/index.php/revjuridica/article/view/4101>. Accessed on: 04 mar. 2018.

VENTURA, Miriam; SCHRAMM, Fermin Roland. *Limits and possibilities of exercising autonomy in practices therapies of body modification and alteration of sexual identity*. Physis, Rio de Janeiro, Vol. 19, n. 1, 2009, p. 65-93. DOI: <http://dx.doi.org/10.1590/S0103-73312009000100005>. Available at: http://www.scielo.br/scielo.php?script=sci_arttext 28.03.2020.

WOLTON, Dominique. *Informing is not communicating*. Porto Alegre: Sulina, 2011.

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